

Barnes Bulletin

Barnes Hospital, St. Louis, Missouri, December, 1980, Volume XXXIV, Number 12

Robert Frank assumes MHA chairmanship

Barnes Hospital president Robert E. Frank was installed as chairman of the board of trustees of the Missouri Hospital Association at the group's 58th annual convention held November 6-7 at Tan-Tar-A in Osage Beach.

Mr. Frank presented past-chairman William D. Blair with a plaque in appreciation of Mr. Blair's dedicated service to MHA. Mr. Frank pledged to build MHA on the solid foundation of previous association leaders, and called for even greater participation of all hospitals in state and federal legislation and other association activities—all toward the goal of improving the quality of life for Missourians.

The Distinguished Service Award was presented to the family and friends of the late Gerald Malloy, former president of the St. Louis Hospital Association, in recognition of his productive career in healthcare before his death in March, 1980. The award is given annually to an individual whose career has enhanced the quality of health care provided Missourians.

Nearly 3,000 persons attended the convention whose theme this year is "Caring for People."

Medical school plans expansion

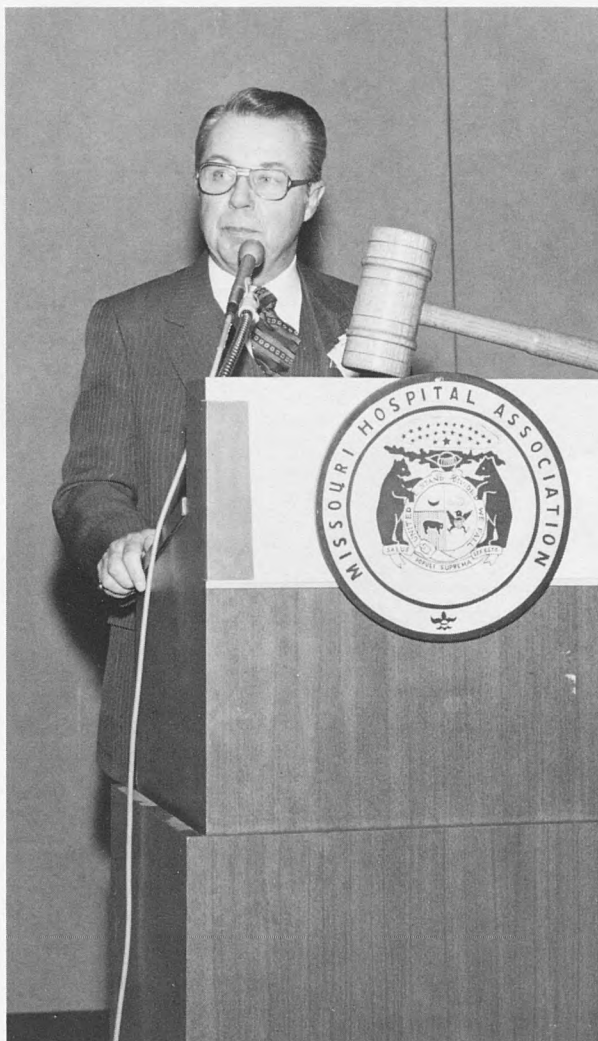
In an effort to reduce overcrowding in its research laboratories, the Washington University School of Medicine will break ground on a 10-story clinical sciences building next summer.

The 375,000 square foot structure, to be built over Audubon Avenue, will contain laboratories on eight floors. The other two floors will have quarters for laboratory animals. At an estimated \$60 million, it will be the school's largest single project ever, in both size and cost, according to Dr. Samuel B. Guze, university vice-chancellor for medical affairs.

The building will house research activities of seven departments: medicine, surgery, anesthesiology, radiology, preventive medicine, pathology and psychiatry. Each of those departments are involved in clinical training programs, but also do extensive laboratory research. When the building is in full operation, about 1,000 researchers will be involved in various experiments there. The building will be devoted exclusively to laboratory projects, and will not house patients.

One wing of the building will be built on a parking lot north of Audubon Avenue. A second wing will bridge the avenue and be linked to a third wing, to be situated on the site of a parking lot immediately in front of Wohl Hospital and Wohl Clinics. The building's main entrance will be on Audubon.

Front cover: "Christmas, a downtown tradition," will feature family entertainment during the holidays with store window scenes, Christmas carolers, a train ride around the Christmas tree in Kiener Plaza, and a "Christmas Walk" on Sixth Avenue. (See center-spread.)



Robert Frank, new MHA chairman, called for a continued team effort among hospitals in the association during his installation speech November 7.

Auxiliary named No. 1 in Missouri hospitals

The 1,068-member Barnes Hospital Auxiliary was named the "outstanding auxiliary" serving large hospitals in the state during the Missouri Hospital Association's annual meeting in November. Auxiliary president Lynn Bachmann accepted the award for the group.

Three awards were presented in recognition of the contribution, both in time and money, made voluntarily by hospital auxiliary members of small, medium and large size hospitals. This is the second time the Barnes auxiliary has won the award. The first was in 1975.

During the year the auxiliary donated \$280,000 to the cardiothoracic patient care floor in the new West Pavilion which opened in January. The money was the final installment of a \$1 million, six-year pledge set by the auxiliary in 1977.

The working auxiliary at Barnes raises all of its money through in-hospital projects such as the Wishing Well gift shop, Nearly New, baby photo service and Tribute Fund. In addition, the auxiliary co-sponsors community education activities including two high blood pressure screenings held annually at the hospital. The group also sponsors an active volunteer service with 503 participants donating 64,682 hours of free service to Barnes patients and staff. These dedicated workers help in such areas as labor and delivery, surgical recovery room, x-ray, medical and surgical patient divisions, Cancer Information Center, emergency room and surgical waiting area.

The Theotis Little transfer: What the newspapers didn't tell you

On Saturday night, October 13, about eight patients per hour were being seen in Barnes emergency room. Some were treated and released and some were admitted. Two patients who were in the ER at the same time required neurosurgery consultation because of suspected spinal involvement. One of these, Theotis Little, was ultimately transferred to City Hospital for admission and two weeks later became the subject of a front-page story in the *Post-Dispatch* that intimated Barnes put money ahead of health care. The second patient was admitted to Barnes on the charity budget. His bill totaled \$9,063. He was not mentioned in any newspaper article.

Because of the publicity surrounding the first case, the 13,000 readers of *Barnes Bulletin* deserve a fuller explanation of Barnes' policy regarding indigent patients and of the circumstances surrounding the transfer of Mr. Little.

Barnes has a charity budget of more than \$3 million a year, although the hospital has no legal obligation to provide any free care. Barnes receives no tax money and has used no government money in its building program. Charity funds are used where they are most needed, and every such decision is based on a medical, not a public relations, judgment.

Barnes is a nonprofit institution and all of the money received from patient care is put back into the hospital to pay salaries (about \$50 million a year), buy equipment, renovate facilities, etc., all of which helps to keep charges to patients as low as practical. Barnes must have enough money to meet its budget—pay its bills—or eventually the hospital would have to close its doors. Because Barnes receives no tax money, it must depend entirely on revenue from patients (or their insurance carriers). A decision has to be made as to how much of the obligation of the tax-supported hospitals should be assumed by a non-tax supported hospital and how much a private hospital should charge paying patients (who have already paid taxes to supply free care for the indigent) to cover expenses of nonpaying patients—hence, how much free care can be given. Barnes Hospital could fill its beds with nonpaying patients if some limit was not set. (Barnes sees more than 46,000 patients in the emergency room each year.)

Everyone who comes to Barnes emergency room receives care. Like all private hospitals however, after initial treatment, Barnes does transfer some patients who need to be admitted for further care and who have no insurance or who do not wish to incur a hospital bill, when such a transfer is judged by the physician in charge to not endanger the patient. When this happens, Barnes doctors make arrangements with the receiving hospital and the specific doctor who will treat the patient. Then a Barnes staff member accompanies the patient in the ambulance to the receiving hospital.

City Hospital and County Hospital are supported by tax money solely for the purpose of making (continued on page 2)

Theotis Little transfer

(continued from page 1)

medical care available to the citizens of this area who otherwise could not afford hospital care. (City Hospital does not reimburse private hospitals for the care the latter may give to indigent patients.)

City ambulance brought Mr. Little to Barnes emergency room at 9:05 p.m., where he was met by nurses and taken into a treatment room where he was seen immediately by the surgery resident on duty in the ER. His pulse, blood pressure and respiration were checked; the patient was fully conscious, and bleeding had been stemmed. A chest x-ray was taken and stat lab tests run. Two neurosurgery residents then saw Mr. Little and requested a special type of x-ray of the spine, which was done. It was obvious that removal of a knife blade so close to the spine would have to be done in an operating room, not in the ER (the handle had been broken off, and the blade was embedded in Mr. Little's back).

While Mr. Little was being treated, his stepfather and ex-wife talked to admitting personnel, whose duty it is to advise all patients of the financial obligation hospitalization will entail and the alternatives available. The family was counseled that Mr. Little was entitled to free treatment at City Hospital. At that time, they readily opted for free care. (Contrary to indications in the newspaper, Barnes *does* accept checks.)

The chief resident in neurosurgery determined that the knife was completely immobile and would not move accidentally. He was in direct contact with the neurosurgeon at City (Barnes neurosurgery house staff also rotate through City so the doctors knew each other). The x-rays, medical chart, tests results and a member of our ER staff accompanied Mr. Little to City by ambulance at 11:10 p.m., just two hours after he had entered Barnes ER. The procedures done during that time were necessary regardless of where the operation would take place, and the outcome was not affected. The primary effect was that Mr. Little did not incur a hospital bill of perhaps several thousand dollars.

The second patient seen by the neurosurgery residents at about the same time that night was a young black man who had suffered a gunshot wound. He also was conscious but he had partial paralysis of his legs. Liver and spinal cord damage was indicated. His case was determined to be an emergency and he was admitted to Barnes and taken to surgery for repair of the liver laceration, then to neurosurgery for removal of bullet fragments from his spine. He spent several days in the neurosurgery ICU and more days in a semiprivate room. During this time, he was seen by a Barnes social worker, who arranged help for his family after his discharge. In addition she made arrangements for him to receive rehabilitation through the VA hospital. His Barnes bill, covered by the charity budget, totaled \$9,063.

During that same week, Barnes charity budget also helped a young woman with complications of Hodgkins disease; a man with facial paralysis caused by nerve damage, and a teenager with total paralysis caused by a spinal cord injury. For October, Barnes provided \$195,799 in free care.

Other patients, averaging six a month, were referred to other hospitals for free treatment after receiving initial treatment at Barnes emergency room. In these cases, Barnes doctors talked with the receiving doctor prior to the transfer and determined that the patient would be admitted and receive the needed care.

Choices had to be made and will continue to have to be made in the future. We believe we serve all

our patients best if the primary responsibility for making these choices remain with the medical staff whose specialty is involved and that they are made on a medical, not a public relations, basis. We hope you agree.—Daisy Shepard, Barnes public relations director



The HLA lab cook-off team ranked fifteenth in the recent Missouri Chili Cook-off.

A chili experience they won't forget

Four Barnes HLA tissue typing lab employees chopped, sliced, sauted and simmered their way into fifteenth place in the fifth annual Missouri Chili Cook-off held in Clayton October 11. The local contest hosted 103 entries and was sponsored by the Kidney Foundation of Eastern Missouri and Metro East. (HLA employees do tissue typing tests for kidney transplants.)

Barnes staffers sponsored the cook-off team with money for the \$35 entry fee and ingredients. HLA team members included Betty Barber, Linda Kehl, Fran Wilkinson and Laura White who entered a vegetarian chili that featured tuna as its protein source rather than the more familiar beef cuts.

"Before you turn up your nose at the thought of tuna chili, try it," dared Mrs. Barber, the recipe's originator. She first made the chili at the request of her vegetarian family. "I use seafood in many of my dishes at home," Mrs. Barber said, "it's high in protein and has less fat than beef, pork, veal and lamb."

Ms. Kehl, once a skeptic but now a believer in the dish, said "We all looked at her in horror when Betty first told us about her chili. But one day she brought a pot of it to work. Even the most skeptical among us tried and liked it. A few days before the competition, we heard about the cook-off on the radio. We entered Betty and her recipe and offered to go along to help with the work."

Volunteer workshop highlights plastic surgery

The 13th annual volunteer workshop, held in Wohl auditorium October 16, was a time for learning more about the hospital and the latest advances in medical technology for approximately 100 volunteers.

Barnes volunteers received an update on West Pavilion construction as well as learned how the hospital is constantly upgrading its patient care from Barnes president Robert E. Frank. During

the seminar, volunteers also broke into service groups to discuss ways of making their own individual areas function more efficiently.

The highlight of the seminar was a two-hour question and answer session on plastic surgery advancements conducted by Dr. Jeffrey Marsh, Barnes plastic and reconstructive surgeon. Dr. Marsh defined plastic surgery as the third oldest medical specialty after obstetrics and ophthalmology. Plastic surgery is a term coined from the Greek verb, *plasticose*, meaning to make, mold or form.

Dr. Marsh also traced the advances in plastic surgery from its origin in India almost 2,000 years ago to today. The first detailed procedure was a reconstructive rhinoplasty or the replacement of a lost nose with a cheek flap by a Hindu surgeon named Sushruta. There was a resurgence of plastic surgery in Italy during the 15th century. After World War I plastic surgery gained prominence under the guidance of Dr. Vilray Blair, a renowned surgeon who traveled to England to set up procedures for caring for soldiers disfigured in the war. Dr. Blair later established the world's leading plastic surgery center at Barnes.

Today, Barnes routinely performs such procedures as breast lifts; breast implants to make the bust fuller; face lifts; blepharoplasty or eyelid surgery to reduce the amount of skin on the upper lid; and otoplasty to correct the ear's shape or size. Plastic surgeons also use such highly skilled procedures as microsurgery to reattach severed fingers, hands and toes. Another technological area uses plastic surgery to correct craniofacial and cleft lip deformities in children. Through the use of slides, Dr. Marsh discussed the practical and aesthetic values of each procedure.

"Plastic surgery is a gray area best described in terms of an unending circle. Included within the circle is formulation of a simulated form. Form is interacted upon by both physical and psychological functions," said Dr. Marsh, who is also director of the cleft palate and craniofacial reconstructive surgery division for the Washington University School of Medicine.

"We work on the side of altering form, but any alteration of form affects function. Within the circle of form and function are perception of self and perception by others," he said. "You might perceive your nose to be too big and want to change its size. However, this may not be an obvious deformity to others. If you are psychologically affected by the thought that your nose is too big, you are seeking to correct a deformity for cosmetic purposes. Cosmetic surgery—which can also be for reconstructive purposes—is only one link in a long chain of surgical techniques and applications known as plastic surgery."

He explained that a second link in the chain is reconstructive surgery. "An obvious physical deformity caused by an accident, trauma or birth defect affects not only how you perceive yourself to look but also how others look at you. The individual may be shunned by society, because others cannot cope with what the person looks like."

Reconstructive surgery usually corrects both appearance and function. For example, the lifting of a sagging eyelid may improve appearance, but it also restores a function, that of allowing the eye to use its peripheral vision.

Regardless of whether plastic surgery is used for strictly cosmetic or for reconstructive purposes or is a combination of both, the use of these techniques corrects a deformity and restores psychological well-being.



The skywalk, which connects the West Pavilion and the Queeny Tower dining area, opened November 13.

Construction, renovation open new areas here

Continued construction on the new West Pavilion and renovation of existing hospital areas have resulted in several departments being moved into new quarters.

Admitting has moved to the first floor of the West Pavilion. Included in the November 7 move were admitting offices, interviewing areas, waiting room and admitting x-ray facilities. In conjunction with the opening of the admitting area, the west tunnel connecting the subsurface garage with the new West Pavilion was opened and the west bank of elevators put into operation.

Temporary locker, shower and lounge facilities for attending surgeons have been relocated from 4200 to the old East Pavilion admitting area until renovation on the fourth floor of Rand-Johnson is completed in March, 1981.

The West Pavilion's ninth and tenth floors have been occupied by the Mallinckrodt Institute of Radiology. Cardiac catheterization radiology, formerly on the third floor of Mallinckrodt, joined nuclear medicine on the ninth floor and the tenth floor houses outpatient x-ray facilities.

Activity therapy moved from the Renard facility to its new quarters on the 14th floor of the West Pavilion. Patients that previously occupied rooms on the third and fourth floors of Renard were moved to 14300 in late October. Until construction is completed on the 14th and 15th floors of the new building, patients on the fifth and sixth floors of Renard will temporarily occupy the vacated areas on the third and fourth floors of Renard.

The skywalk connecting the 16th floor of the West Pavilion and the newly renovated Queeny Tower southside dining room were opened November 13. Additional dining room facilities are scheduled to open in mid-December with an expanded menu including breakfast, lunch and dinner entrees and a not-so-low calorie dessert selection called "super splurgers."

In addition to West Pavilion moves, the plant engineering paint shop and biomedical engineering lab will move to the terrace level of the East Pavilion at the end of this month, and the carpentry shop will be moved to the area vacated by biomedical engineering lab. The spray painting booth and all of its fixtures will be dismantled and taken to the Laclede building warehouse to await reassembly in 1981.

Recruiter Chris Corbin joins nursing service

The demand for nurses has become an important concern for hospitals everywhere. Barnes Hospital is prepared to meet the challenge of the nursing shortage head-on by implementing an effective recruiting campaign. According to Marlene Hartmann, nursing director, "We feel we need to change our recruiting approach and be more aggressive in getting our share of the nursing market."

Fitting into the foundation of the approach is the hiring of two nurse recruiters. Chris Corbin was hired in mid-October to fill one of the recruiting positions. The nursing department is still interviewing candidates for the second recruiting position. Ms. Corbin has been a registered nurse for more than 12 years. She has had nursing experience in critical care units, in-service education and nursing management. Before coming to Barnes, she was the clinical coordinator of the emergency department at St. Peters Community Hospital in St. Peters, Missouri.

Ms. Corbin's goal is to keep positions filled on all divisions and still allow for turnover. In order to meet this goal, she explained, "We will begin extensive analysis of what sources comprise the most effective kinds of recruitment effort and why nurses come to Barnes, whether it be our competitive salaries, excellent benefits or the stimulating environment."

Combined with researching target areas, the recruiters will also advertise in nursing trade journals, update Barnes nursing publications, attend career fairs and visit various colleges and schools of nursing. They will also sponsor more open houses at Barnes such as the general nursing open house held in August and the open house held on the neurology-neurosurgery floors in October.

Ms. Corbin feels that advertising will reach those nurses who have "retired" in order to raise families, but who are now contemplating getting back into the field. The career fairs and open houses give prospective Barnes nurses a chance to meet with recruiters, staff nurses and doctors and find out the nursing opportunities Barnes has to offer.

"Another resource for prospective nurses," explained Ms. Corbin, "is a nursing refresher course being offered by Forest Park Community College. Barnes serves as one of the clinical sites for this program and those nurses who have their rotation here are encouraged to join the Barnes staff."

Ms. Corbin summarized the strong points that Barnes has to offer to those in the nursing profession. She explained, "For a hospital as large as Barnes and caring for as many patients as it does, the friendliness and willingness of other employees is a great asset." "Above all, concluded Ms. Corbin, "Barnes is a marvelous learning experience because of its reputation as one of the top ten hospitals in the United States."



Emelee Wilkey

Wishing Well appoints new volunteer chairman

A newly appointed volunteer chairman of the Wishing Well Gift Shop, Emelee Wilkey, has succeeded former chairman Billie Erickson, who died recently at DePaul Hospital after suffering a stroke.

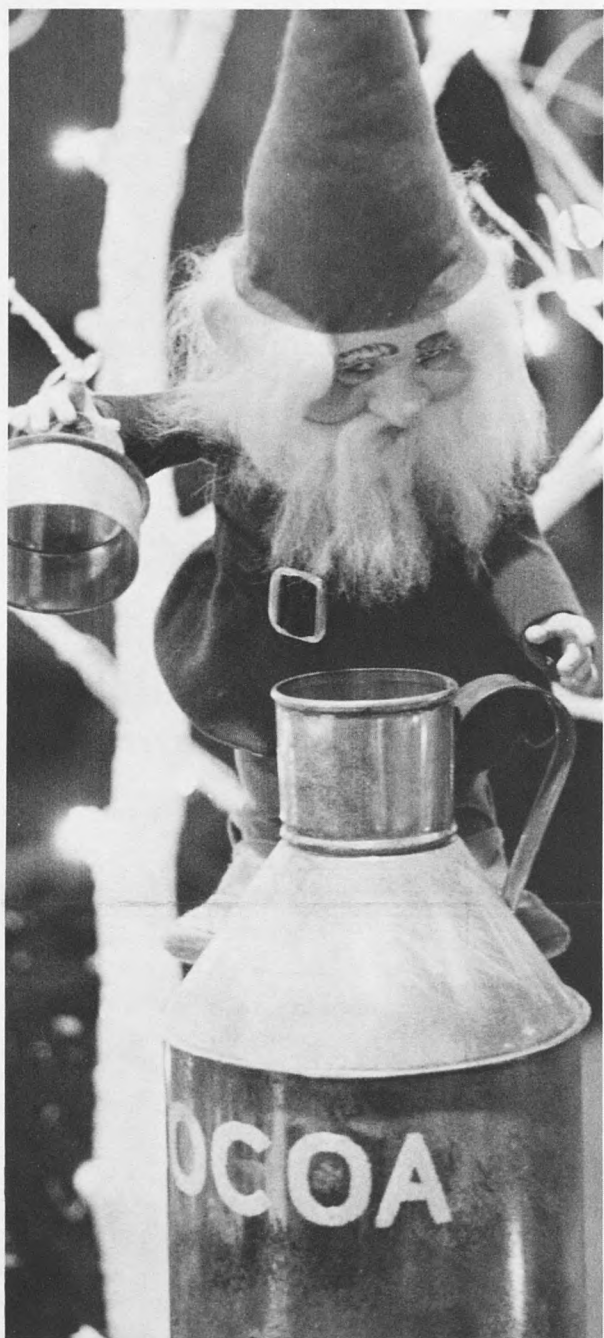
Mrs. Wilkey was appointed acting chairman after Mrs. Erickson was hospitalized with an aneurysm on the brain September 7. Prior to her death on November 10, Mrs. Erickson had served as the Wishing Well chairman for six years.

During her 10 years at Barnes, Mrs. Wilkey has donned many volunteer roles. She started in the Wishing Well's old pavilion shop as an assistant buyer in lingerie, and moved from that position to buyer. She is now a buyer in the gifts and baby departments, a position she holds in addition to serving as chairman and director of the gift shop.

"I admired many women who were volunteers. That was my reason for becoming a volunteer in the Wishing Well. It's a constant challenge that becomes more of one each day, but it's a challenge I enjoy," stated Mrs. Wilkey, who has donated over 3,400 volunteer hours to the hospital. She is also an Auxiliary board member and recently completed a two-year term as the board's recording secretary.

Mrs. Wilkey had worked with the former chairman since 1974. Mrs. Erickson, who had been a volunteer since 1962, worked in hospitality for 12 years before accepting the chairmanship of the Wishing Well. She was an active member of the hospital Auxiliary board, and had donated 5,304 hours of in-hospital volunteer service.

Funeral services were attended by many of Mrs. Erickson's friends in the volunteer department. She was buried at Laurel Hill Cemetery in North County November 12. Mrs. Erickson is survived by her husband, Robert L. Erickson; a daughter, Mrs. Christine Brooks; and her parents, William and Laura Owings, all of St. Louis.



A Stix Baer & Fuller gnome double-checks his supply of cocoa. . .

For generations of wide-eyed children, Christmas meant a trip by bus, streetcar or family auto to downtown St. Louis, where they stood transfixed in the chilling cold to watch intricately mechanized fairytale figures cavort through huge window displays at Stix, Famous-Barr and Scruggs.

Oblivious to the cold wind whipping around the corner of Sixth and Locust, young children pressed their noses to the window to watch an electric train traverse a snow-covered fantasy world populated by Disney characters. Parents and grandparents stood equally enthralled, happy that they could use the youngsters as an excuse to journey back to their own childhood for a few precious moments.

Up Olive a few blocks, at Scruggs, camels watched as life-like figures re-enacted the visit of the Magi to the Christchild. And over on Washington, the display at Stix awaited with even more delicious surprises. Inside the stores, in auditoriums and displays, children of all ages could wind their way through more Christmas fantasies before lunching with Santa.



. . . while pot-bellied bears anxiously await in this downtown window. . . .

With the opening of suburban shopping centers and the migration to the county, the emphasis during the last few years has been away from downtown, and many of today's youngsters have not had the opportunity to become part of the dazzling traditional downtown Christmasland. This year, Downtown St. Louis, Inc., plans to change all that with a rebirth of Christmas downtown as a bigger event than ever.

Scruggs is no longer, but Stix and Famous will again this year unveil their Christmas windows the day after Thanksgiving, the same day that Santa will arrive aboard the Huck Finn and travel by horse and carriage through downtown to Kiener Plaza for a 10 a.m. tree-lighting ceremony. The 40-foot live Christmas tree will be decorated with 4,000 ornaments made by St. Louis school children and a scaled-to-size electric train—just



Christmas, 1961, looking east from 10th and Olive. Scruggs's window display is visible on the right.

CHRISTMAS

A Downtown



Flows on the northeast corner re-enact the Adoration of the Magi.

Christmasin Tradition



All is ready after months of planning and preparation. . .

right for children to ride on—will encircle the base of the tree.

Sixth Street, always a favorite because of the window displays, will be transformed into a "Christmas Walk" this year offering everything from Christmas trees to hot chocolate, coffee and fresh fruit.

This year there will also be special entertainment at Union Market, on Broadway between Lucas and Delmar. On Dec. 6, at 1 p.m., Gravity's Last Stand presented a combination of jester-like storytelling, rhyme and alliteration. On the following Saturday, Dec. 13, Magician Karl Grice will present two performances, at 1 and 2 p.m. On Dec. 20 at 1 p.m., the Cadence Cloggers, a dance troupe of 40 teens and young adults from

the bistate area, will entertain. All events are free to the public.

To add to the holiday spirit, the St. Louis Christmas Carol Association has scheduled Christmas carolers throughout the downtown area during the holiday season. This St. Louis tradition dates back to 1911, when a group led by William H. Danforth thought it would be fun to celebrate the season singing carols. They found that people gave them money in appreciation and they in turn donated it to the Children's Aid Society. Today proceeds from caroling go to more than 60 agencies that help children in the metro area.

The international Folklore Federation will decorate twenty trees in the Rotunda of the Old Courthouse, Broadway and Market. Each tree



. . . for Santa to extend best wishes to St. Louisans of all ages for a very Merry Christmas and a Happy New Year from downtown St. Louis.

will be decorated with traditional ornaments, handmade by individual organizations representing different ethnic backgrounds.

"A World of Christmas" is open to the public from 8:30 to 5 p.m. daily beginning Nov. 28 in the Old Courthouse. Activities include Slavic music and dancing, noon to 1 p.m. Dec. 10; ethnic crafts demonstrations from 11 a.m. to 3 p.m. on Dec. 13 and Dec. 20; East European music and food from 2 to 4 p.m. on Dec. 14; traditional songs and carols from noon to 1 p.m. on Dec. 17; and Irish music from noon to 1 p.m. on Dec. 24.

Huge holiday ornaments, bells, lights and garlands will festoon the downtown area on a grand scale impossible at a suburban shopping mall, bringing the spirit of Christmas to every heart.

As anyone who remembers the awe of a traditional downtown Christmas can testify, the look on the face of a child engulfed in its magic is worth the trip to Downtown St. Louis, whether it be by riverboat, horse and carriage, motorcar or Bi-State bus.



Winnie Cummins

Winnie Cummins retires after 16 years

After 16 years of secretarial service in the microbiology department of Barnes Hospital, Winnie Cummins retired on October 17. Mrs. Cummins was presented with a certificate of appreciation for her dedicated service to Barnes by Robert E. Frank, president. She remarked, "The hospital knows how to take care of its employees. I will miss it very much. It is such a fine place to be associated with."

On October 16, Mrs. Cummins was honored at a special luncheon given by the microbiology department. Her husband, Joe, shared the occasion with her. She received a money tree, a necklace, candy and a corsage from her friends in microbiology.

Mrs. Cummins commented, "I enjoyed the people I worked with throughout my 16 years and especially the work itself." She added, "I'll always remember our moves—they were such an adventure and I can say I've been through them all!"

Relaxation is hardly the word to use for Mrs. Cummins retirement plans. She and her husband own a four-family flat and painting and cleaning the apartments are No. 1 on Mrs. Cummins list of things to do. She commented, "There's so much to catch up on. Besides keeping up with the apartments, I want to devote more time to my handicrafts."

Dr. Paul F. Max dies; Barnes/WU obstetrician

Dr. Paul F. Max, a Barnes/WU obstetrician-gynecologist, died of cancer November 8 at Barnes Hospital. He was 75 years old.

Dr. Max, who practiced medicine until his death, served as a former president of the St. Louis Medical Society, and vice president and speaker of the House of Delegates of the Missouri State Medical Association.

The son of the late Dr. C. O. C. Max, he was a graduate of Westminster College in Fulton, which gave him its alumni achievement award in 1962. He received his medical degree from Washington University School of Medicine in 1932 and was appointed to the Barnes/WU staff in 1945, after serving as commanding officer of the U.S. Army's 34th station hospital in Italy during World War II.

Survivors include his wife, Maxine; two children, Barbara Lavender and Paul F., Jr., both of Colorado; a sister Marguerite V., and a brother Arthur R., both of St. Louis; and one grandson.

Hypertension screenings check pressure readings

The sixth Barnes Hypertension Day provided free blood pressure checks for 308 community members and employees who presented themselves at the hospital for screening November 11.

Hypertension Day, which is co-hosted by the Barnes Auxiliary and the department of education and training, is held semi-annually in the spring and fall as a community service. Checks for possible hypertension—high blood pressure—were conducted by specially trained volunteers assisted by staff nurses.

Screening procedures, to determine how much strain is being placed on the heart and blood vessels, included taking the individual's blood pressure and weight. A blood pressure reading of over 140/90 is indicative of hypertension. Individuals with this pressure reading were advised to see their personal physician for a follow-up. This year, preliminary screening found 24 individuals who had potential hypertension.

Hypertension is a disease that afflicts more than 34 million Americans annually. It is the leading cause of heart attack, stroke and kidney disease. However, it can be controlled by daily medication, and individuals can lead normal lives.



Sherilyn Hailstone and Marianne Blake

Marianne Blake, Sherilyn Hailstone promoted

Former assistant director of nursing Marianne Blake has been promoted to associate nursing director for medicine effective October 5, and Sherilyn Hailstone has been named an assistant director of nursing, effective November 10. Ms. Blake fills a vacancy created when Marlene Hartmann was named director of nursing service earlier this year.

A 1964 graduate of Jewish Hospital School of Nursing, Ms. Blake has a bachelor of arts and a master of arts degree in health facilities management from Webster College. She was employed at Barnes in 1971 as the head nurse of the cardiac care unit and was promoted to assistant director of nursing in 1975.

Mrs. Hailstone, a June 1973 graduate of Barnes Hospital School of Nursing, holds the bachelor of science degree in nursing from St. Louis University. She was employed as a staff nurse in the Barnes respiratory ICU and was named head nurse of the unit in 1975, a title Mrs. Hailstone held until her promotion November 10.

Students honor Louise Grove

Students of the school of nurse anesthesia offered perpetual prayers through Our Lady of the Snows Shrine in Belleville in memory of Louise Grove, educational director, who died of cancer at Barnes October 12.

Miss Grove, a Certified Registered Nurse Anesthetist, had been educational director of Barnes School of Nurse Anesthesia since 1964. She was responsible for educational and administrative duties connected with the school. She also advised students and lectured to outside groups. In addition, Miss Grove was an instructor in anesthesiology at Washington University School of Medicine.

Prior to becoming educational director, Miss Grove was clinical supervisor and assistant to the educational director. She was a 1960 graduate of Barnes School of Nurse Anesthesia, which was one of the first such schools in the nation. Miss Grove was also a cum laude graduate of Webster College with a bachelor's degree in liberal arts.

Miss Grove was buried in her hometown of Corbin, Kentucky, October 16. She is survived by her mother, Viola Grove; three brothers, Dewey Sharpe, Robert and George Grove; and a sister, Jeanne Miller.

A memorial fund has been set up in her name to provide reference books for the Barnes School of Nurse Anesthesia Library. Donations may be made payable to the Louise Grove Library Fund, care of Jim Hubbard, assistant director, Barnes Hospital.

Everyone benefits from Annual Fund

The Barnes Hospital Annual Fund provides a means by which persons who wish to give financial support to Barnes may do so on a yearly basis. Money contributed to the Annual Fund is used to purchase hospital equipment, enabling the hospital to continue providing the highest quality of patient care.

"We know there are many reasons for persons to support the work of Barnes Hospital and most would do so whether or not the gift was deductible," said Jim Hubbard, assistant director of Barnes. "However, with December 31 rapidly approaching, I would like to remind everyone that gifts received by the last day of December are deductible in the 1980 tax year."

"Our givers enjoy being a part of providing the type of care which enables sophisticated treatment and hopes for recovery which were not possible even a few years ago. Our donors care because we care," explained Mr. Hubbard.

**Barnes
Bulletin**

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Gifts to Barnes Hospital

Listed below are the names of persons (honorees in **boldface**) who have made recent contributions to the various funds at Barnes Hospital. Because Barnes is a private hospital and does not receive public funds, it relies on the gifts of individuals to continue providing quality patient care and to support research aimed at improving the lives of our patients.

Donations to the hospital may be made through the Barnes Hospital Auxiliary or the Community Relations office. The Auxiliary coordinates the Tribute Fund which is used for specific hospital projects. The various other funds are part of the development program of the Community Relations office.

Tribute Fund

IN MEMORY OF:

John J. Antul
The Volunteer Office

Teresa Schuler
Madge & Ed Geringer

Mrs. Cecilia Fox Bick
M/M Edwin B. Meissner, Jr.

Joe Barnes
M/M William L. Gruetzemacher
M/M Jerome Marks

Betty Johnson's Father
Mrs. Yvette Schuver

Corbette Anderson
Mrs. Joseph Voorhees

Mrs. Henry Wyneken
Deane S. Allen

Charles Leroy Poorman
Mrs. Charles Goldman

Andy Swade
William L. Gruetzemacher

Dr. William Newton
Barnes Hospital Society

Dr. Paul F. Max
Barnes Hospital Society

Billie Erickson

Barnes Hospital Auxiliary
Mrs. John W. Bachmann

Pansy Hill

Don McGeehan
Charles Feltmann
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Mrs. Terrye Balin

The Speedy Recovery of Jack Cutter
M/M S. I. Harwood

The Speedy Recovery of Percy Tucker
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Samantha Jones
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IN MEMORY OF:

Irma Kinney
Dick & Jeannette Brada

Pay periods, paydays 1981

Period	Starts	Ends	Payday
1	Dec. 14, '80	Dec. 27, '80	Jan. 2
2	Dec. 28, '80	Jan. 10	Jan. 16
3	Jan. 11	Jan. 24	Jan. 30
4	Jan. 25	Feb. 7	Feb. 13
5	Feb. 8	Feb. 21	Feb. 27
6	Feb. 22	Mar. 7	Mar. 13
7	Mar. 8	Mar. 21	Mar. 27
8	Mar. 22	April 4	April 10
9	April 5	April 18	April 24
10	April 19	May 2	May 8
11	May 3	May 16	May 22
12	May 17	May 30	June 5
13	May 31	June 13	June 19
14	June 14	June 27	July 3
15	June 28	July 11	July 17
16	July 12	July 25	July 31
17	July 26	Aug. 8	Aug. 14
18	Aug. 9	Aug. 22	Aug. 28
19	Aug. 23	Sept. 5	Sept. 11
20	Sept. 6	Sept. 19	Sept. 25
21	Sept. 20	Oct. 3	Oct. 9
22	Oct. 4	Oct. 17	Oct. 23
23	Oct. 18	Oct. 31	Nov. 6
24	Nov. 1	Nov. 14	Nov. 20
25	Nov. 15	Nov. 28	Dec. 4
26	Nov. 29	Dec. 12	Dec. 18

Employees give United Way "fair share"

Barnes employees recently gave their "fair share" toward making the city-wide United Way fund-raising drive a success.

Employees contributed \$75,286.04, surpassing the 1980 goal of \$75,000, according to Rose Dunn, Barnes associate director and this year's campaign chairman. "We asked employees to give their fair share and they were very generous."

In the metropolitan area, contributions amounted to \$23,076,353. The 1980 campaign goal—\$22,850,000—was exceeded by \$226,353. Funds raised during the drive will support 115 private, non-profit health and social welfare agencies operating more than 250 service centers in Missouri and Illinois. These agencies provide 24-hour life-line emergency services; youth and family enrichment programs; individual and family life services; community and neighborhood development programs; and special child care and day care programs.

Barnes Bulletin

Barnes Hospital
Barnes Hospital Plaza
St. Louis, Mo. 63110

Index

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SER ASST JANET MARIE WALKENBACH
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ST LOUIS MO 63110

Barnes Bulletin

34/12

December, 1980
Barnes Hospital, St. Louis, Mo.

